

**UTAH DEPARTMENT OF HEALTH**  
**TB Control/Refugee Health Program**  
**Monthly TB Activity Report**

Reporting Agency: \_\_\_\_\_

Reporting Month/Year: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Part I. Testing Counts (those people who had a positive TST at the health department):**

	A. Med. Risk	B. Pop. Risk	C. Administrative
1. Number of people with a positive TST - by category			
2. Number of people who complete the medical evaluation/chest Xray			
3. Number of people with active TB			
4. Number of people with latent TB infection			
5. Candidates for treatment			
6. Started treatment			
7. Completed treatment			

Reasons treatment not completed:

8. Death			
9. Patient moved (follow-up unknown)			
10. Active TB developed			
11. Adverse effect of meds			
12. Patient chose to stop			
13. Patient lost to follow-up			
14. Provider decision			

**Part II. Referral Counts (People who were referred to the health department because they had a positive TST read somewhere besides the health department):**

	A. Med. Risk	B. Pop. Risk	C. Administrative
15. Number of people referred to the health department			
16. Number of people with active TB disease			
17. Number of people with latent TB infection			
18. Candidates for treatment			
19.Started treatment			
20.Completed treatment			

Reasons Treatment Not Completed:

21. Death			
22. Patient moved (follow-up unknown)			
23. Active TB developed			
24. Adverse effect of meds			
25. Patient chose to stop			
26. Patient lost to follow-up			
27. Provider decision			

(These two pages replace the old TB Control/Refugee Health Program Monthly TB Activity Report.)

Send to: Utah Department of Health, Tuberculosis Control Program, Box 142105, Salt Lake City, UT, 84114-2105, (801) 538-6096, Fax: (801) 538-9913